#### VIA HAND DELIVERY

Seattle Office of the City Clerk 600 4th Ave. 3rd Floor Seattle, WA 98104

Seattle Ethics and Elections Commission 700 5th Ave, Suite 4010 PO Box 94729 Seattle, WA 98124-4729

#### Re: F-1 Reporting Modification Application

My children and I are participants in the Address Confidentiality Program because of threats I received related to my job as US Attorney and since I have been Mayor. Some of those threats remain. Indeed, the risk can be highest when someone is released from prison years after I was involved in their prosecution. Because of security concerns for the Mayor, the City has assigned every Mayor, including me, a security detail.

Neither of my children has my last name. Due to my heightened concern for their safety, I have been careful to avoid releasing information that would allow someone with a grievance with me to identify or target my children.

The Commission has twice granted this request, allowing me to identify two bank accounts jointly held by my children in terms of name and address of the bank, type of account, asset value and income amount for each bank account, but using the notation "Dependent 1" or "Dependent 2." The Commission apparently agreed that we can accomplish the important purposes of the financial disclosure rules without publicly releasing the names of my children, and that release of their names would unnecessarily invade their privacy and expose them to risk. The relatively modest amounts of these accounts also make it unlikely that this request would present the type of issue the law is designed to prevent. I ask the Commission to renew that modification. Thank you.

Very truly yours,

Jenny A. Durk L. Durkan

SEI  SEATILE E  ELECTIONS  Deadlines:	THICS & COMMISSION	File with: Seattle C PO BOX 94728 Seattle, WA 98124 Questions: (205) 6 (206) 615-1248 polly.grow@seattle elected and appoint and others withing or being newly appo	.4728 84-8500 .gov ted officials n two weeks o	f becoming a	SEEC DOLLAR CODE (1) (2) (3) (4) (5) (6)	\$0 \$1,000 \$5,000 \$10,000 \$25,000 \$100,000 \$200,000	MOUNT \$999 \$4,999 \$9,999 \$24,999 \$99,999 \$199,999	PERSON FINANCI AFFAIRS STATEM	AL S
		attle City Clerk			(8) (9)	\$1,000,000 \$5,000,000			
partner, sibling	g, uncle, aun	ns: (a) a spouse or do nt, cousin, niece or ne SMC 4.16.080	mestic partner, phew, if that pe	or (b) a parent, pare rson either resides v	ent of a spo with or is a c	use or domes dependent on	tic partner, child, cl the Covered Indivi	hild of spouse or do dual's most recently	omestic y filed
Last Name		First		Mlddle	Initial	reportable l	mmediate family m information to discl	ose for dependent of	children, or
Du	ırkan	Jen	ny	Α		other deper them. Do l	ndents living in you dentify your spouse	r household, do not e or domestic partn	t Identify er.
Malling Addre	ss (Use PO	Box or Work Address	) *						
	e of the N	Mayor, P.O. Box		71- )	4	-		(0)	0
City Seattle		County Ki	ng	Zlp + 4 981	24-4749			PR	T'A
Filing Status (	Check only		119			Office Held	or Sought	7 5	品土
An electe	d or appoint	ed official filing annua	l report			Office title:	Mayor	CLERK CLERK	SEA
☐ Final rep	ort as an ele	cted official. Term ex	plred:	4		Position nu		买二	ED
Candidat	e running in	an election: month _		year .		Term begin	-	ends: 12/2	31/2021
☐ Newly ap	pointed to a	n elective office					11/28/2017	1270	01/2021
_	INCOME	List each employe immediate family i options received d (Report interest an	nember, recel uring the repo d dividends in	ved compensation rting period that hat Item 3.)	n, in any fo adavalue o	orm, of \$2,40 of more than	10 or more during	the period. Inc	lude stock
Show Self (S) Spoure (SP/DP) Depandent (D)	Nome and A	Address of Employer	or Source of Go	mpensation	Ogo	Was E		(Use Code)	)
(S)	P.O. E	f Seattle Box 94749 e, WA 98124				Ma	yor	(= 6) (= )	
								( )	
								( )	
2	REAL EST	ATC roal ostate	address, asso	essor's parcel nun f over \$12,000 in v ting period. (Shov	which you	or an Immed	ilate family memb , etc. real estate o	oer held a person n F-1 supplement	ai financiai .)
Property Sold	or Interest D		Assessed Value (Use 1-9 Code) ( )	Name and Address of	of Purchaser		Nature and Amou Consideration Red	nt (Use Code) of Pa celved	( ) ( )
Property Purc	chased or Inte	erest Acquired	( )	Creditor's Name/Add		ment Terms 20 yrs at 4.3%)	Security Given	Mortgage Amount Orlginal ( )	- (Use Code) Current
S/2 E Whic	E/2 NE SV lbey Islan	or Partially Owned V FR 200-2281 d d on attached sheet	(6)	N/A				( )	( )
Check nere L	ii continue	J OH AMACHEU SHEEL					CON	TINUE ON NE	XT PAGE

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	List bank and a intangible prope reporting period	avings accounts, rty (including but	Insurance not limited	policies, stock to stock option	, bon 1s) he	ds a old do	nd o uring	other g the
Α,	Name and address of each bank or financial institution in which	Type of Ac	count or Description	of Asset	Asset Value (Use 1-9 Code)		ome / se 1-9		
	or an immediate family member had an account over \$24,000 a time during the report period.	t any			( )		(	)	
	Name and address of each insurance company where you on immediate family member had a policy with a cash or loan value \$24,000 during the period.	or an			( )		(	)	
	Name and address of each company, association, govern agency, etc. in which you or an immediate family member, own had a financial interest worth over \$2,400. Include stocks, be ownership, retirement plan, IRA, notes, stock options, and intangible property. If you or your immediate family member decision making authority regarding individual assets/investment each asset or investment, the value and any income am	ed or onds, other r had its list nount.			( )		(	) )	
	EXAMPLE: If you self-directed an investment account identify stock or other asset in that account. Stock shall be reported market value at the time of reporting. See attached	each			( )		(	>	
Che	ck here 🔲 if continued on attached sheet.				1				
4	CREDITORS List each creditor you or an immedia period. Don't include retail charge in item 2.	accounts, credit o	ards, or mortgage	s or real es	tate reported		AMC SE 1-	9 CC	DDE)
	Creditor's Name and Address		s of Payment ears at 5.25%)	Secu	rity Given	orig (	)	CI	urrent ( )
		(59.0)	Caro at 0.2070)			(	)		( )
Che	ck here 🗌 if continued on attached sheet.							<u></u>	
<b></b>			1	Enter Dollar					
5	NET WORTH Enter your estimated net worth.		\$	5,500,00	0				
Su	All filers answer questions A thru D below. If the answer is tof this report. If all answers are NO and you are a candidate opplement is required.  umbent elected officials filing an annual financial affairs ceholders unless all answers to questions A thru E are NO.  At any time during the reporting period were you and/or an immediate for a resolution of all the properties of all the period were you end/or an immediate for a resolution to the period were you end/or an immediate for a second with the period of all the period were you and/or an immediate for a second were you end/or an immediate for a second were your end/or	te or an appointee	answer question	E. An F-1	Supplement	sport,	ulrec	:-1 i of	these
В,	At any time during the reporting period were you and/or an immediate to association, joint venture or other entity or (2) a partner or member of all but not limited to a professional limited liability company? If yes, a Did you and/or an immediate family member have an ownership of 10%.	complete Supplement or more in any comp	Part A. any, corporation, partne	ırship, joini ver	nture or other bush	ness al	any ti	me d	uring
	the reporting period? If yes, complete Supplement, Part A.  Did you and/or an immediate family member own a business at any tim								
C. D.	Did you and/or an immediate family member own a business at any time.  Did you and/or an immediate family member prepare, promote or oppose pay for a currently-held public office) at any time during the reporting pa	en state legislation, rule	s, rates or standards fo	or compensati	on or deferred con	pensa	lion (o	ther	lhan
ε.	and the state of the same of t	وأوجع فيفادل بسيد استناه	for his value coverenmen	tol popocy div	ing the previous cluce other than you s If yes to either	alenda r guve or both	dnea Nuseu	1) C ital a itons,	old gency
AL	L FILERS EXCEPT CANDIDATES. Check the appropriate	box.	Contact Telephon	e: ( <u>206</u> )	684-4000				
-	I hold a local elected office. I have read and am fa 2,04,300 regarding the use of public facilities in campa	miliar with SMC	Email: jenny.durk						(work)
			Emall:				_(Hon	1e) (	Optiona
CI	ERTIFICATION: I certify under penalty of perjury that the included the second s	//	ined in this report	is true and	correct to the	best	of m	y	
-	Date Signocure	/							
100	NDIDATES: Do not use public agency addresses or telephone n	umbers for contact	information. Rep	ort Not Ac	ceptable Witi	nout	Filer	's S	ignati

Jenny A Durkan Seattle City Clerk SEEC Form F-1 Part 3 A.

Name & address of bank or Financial Institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
(S) JPM Chase, 1201 Third Avenue, Seattle, WA	Checking & Savings	7	1
(S) Wells Fargo, 999 Third Avenue, Seattle, WA	Checking & Savings	4	1
(DC) Wells Fargo, 999 Third Avenue, Seattle, WA	Checking & Savings	2	1
(DC) Wells Fargo, 999 Third Avenue, Seattle, WA	Checking & Savings	4	1

Jenny A Durkan Seattle City Clerk SEEC Form F-1 Part 3 C.

Name & address of investment interest	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
(S) Quinn Emanuel Defined Benefit Plan	Defined Benefit Plan	6	None
(S) Merrill Lynch 401(K) & Profit Sharing Plan	Retirement Plan	6	None
(S) Federal Thrift Savings Plan	Retirement Plan -		
	G Fund - Gov't Securities Inv. Fund	6	None
(S) The Riveter, 1517 12th Ave., Seattle, WA	Private Investment	5	None
(S) Wells Fargo Investment Advisors, 777 108th Ave NE, Bellevue	1		
WA	IRA	7	None
(S) Charles Schwab Account, 508 Union St; Seattle, WA 98101	Brokerage Account -		
<b>,</b> -, -, -, -, -, -, -, -, -, -, -, -, -,	Money Market	5	1
	Costco Wholesale Co (COST)	4	1
	Nanometrics Inc. (NANO)	2	None
	Energy Select Sector SPDR ETF (XLE)	4	1
	ETFS Gold Trust ETF (SGOL)	4	None
(S) Bessemer Trust, 630 Fifth Ave., New York, NY 10111	Inv Mgmt - Old Westbury Fund, Inc.	8	4
(S) Bessemer Trust, 630 Fifth Ave., New York, NY 10111	Cash - Money Market Sweep	8	4
(S) Bessemer Trust, 630 Fifth Ave., New York, NY 10111	Roth IRA - Old Westbury Fund, Inc	7	2
(S) Bessemer Trust, 630 Fifth Ave., New York, NY 10111	Jenny Durkan, BENE of L Durkan IRA	5	1
(S) I(x) Investments , 142 W 57th St., New York, NY 10019	Private Investment	6	None



File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8800 (206) 615-1248 Polly.Grow@Seattle.gov

SEEC FORM

F-1

SUPPLEMENT (7/18)

## SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE	INFORMATION	FOR YOU AND ANY IMMEDIATE FAMIL	Y MEMBERS	
Last Name	е	First	Middle Initial	DATE
	Durkan	Jenny	Α	4/1/2019
A	OFFICE HEI BUSINESS INTERESTS	(1) were an officer, direct organization, union, pa	adnership, joint venture or other entity; and/	t or more owner of a corporation, non-profit or little or more owner of a corporation, non-profit little or more owner or more owner of a corporation, non-profit little or more owner of a corporation, non-profit little or more owner own
	•	Legal Name: Report name used on legal	I documents establishing the entity.	
	•		used for business purposes if different from	n the legal name.
	•		ffice, title and/or percent of ownership heid.	
	•	Brief Description of the Business/Organiz	zation: Report the purpose, product(s), and	/or the service(s) rendered.
	•	Deutstante from Covernmental Halt: If the	he governmental unit in which you hold or show the purpose of each payment and the	seek office made payments to the business
	•	Payments from Business Customers an proprietorship, union, association, busin seek/hold office) which paid compensation services or other consideration was given	nd Other Government Agencles: List each less or other commercial entity and each on of \$12,000 or more during the period to	corporation, partnership, joint venture, sole government agency (other than the one you the entity. Briefly say what property, goods,
		Washington Real Estate. Identity real es	state owned by the boomeds chary is the qui	announced balls and the second
ENTITY N	NO. 1		Reporting For:	Self Spouse
			Registered	l Domestic Partner 🔲 Dependent 🔲
LEGAL N	IAME;		POSITION	OR PERCENT OF OWNERSHIP
TRADE	OR OPERATING	NAME:		
ADDRES	ss:			
BRIEF D	ESCRIPTION OF	THE BUSINESS/ORGANIZATION:		
PAYMEN		CEIVED FROM GOVERNMENTAL UNIT IF	N WHICH YOU SEEK/HOLD OFFICE:	Amount (actual dollars)
	,			\$
Ì				Ψ
PAYMEN		CEIVED FROM OTHER GOVERNMENT A cy name;	GENCIES OF \$12,000 OR MORE:	Purpose of payment (amount not required)
PAYMEN		CEIVED FROM BUSINESS CUSTOMERS tomer name:	OF \$12,000 OR MORE	Purpose of payment (amount not required)
WASHIN and asse	NGTON REAL Esessed value of pr	STATE IN WHICH ENTITY HELD A DIRE operty is over \$24,000. List street address	ECT FINANCIAL INTEREST (Complete onli a, assessor parcel number, or legal descript	y if ownership in the ENTITY is 10% or more lon and county for each parcel):
Check he	re 🗆 if continued o	n attached sheet	CONTINUE	PARTS B AND C ON NEXT PAGE

## F-1 Supplement

Ivanie	Jenny A. D	urkan			
ENTITY NO.	2			Self Spouse	
			•		pendent 🔲
LEGAL NAM	E:		POSITIO	N OR PERCENT OF OWNE	RSHIP
TRADE OR O	OPERATING NA	AME:			
BRIEF DESC	CRIPTION OF T	HE BUSINESS/ORGANIZATION:			
PAYMENTS		IVED FROM GOVERNMENTAL UNIT of payments	IN WHICH YOU SEEK/HOLD OFFICE:	Amount (actual dollars)	
				\$	
PAYMENTS	ENTITY RECE Agency	IVED FROM OTHER GOVERNMENT name:	AGENCIES OF \$12,000 OR MORE:	Purpose of payment (amour	nt not required)
PAYMENTS		IVED FROM BUSINESS CUSTOMER	S OF \$12,000 OR MORE	Purpose of payment (amou	nt not required)
	d value of prop	ttached sheet	s, assessor parcel number, or legal descrip	r prepared state legislatio	n or state rules,
B 1	OBBYING:	rates, or standards for compensat are an elected official or professio	ion or deferred compensation. Do not il nal staff member.		
water and the second se	Person to Wh	om Services Rendered	Description of Legislation, Rules, Etc.	Compensation (U	se Code 1- 9)
				( )	•
				( )	)
Chack here	] If continued on a	attached sheet			
C F	OOD RAVEL EMINARS	Complete this section if a source	other than your own governmental age you, your spouse, registered domestic costing over \$50 per occasion; 2) Trav	partnor or dependents, c	r a combination
Date Received	Donor'	s Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code1-9)
7/22-7/26/2018 Bloombarg Harvard Cily Leadership Initiative- New York, NY		łarvard Clly Leadership Iniliativa- New York, NY	Brombarg Hayani Cily Leadership Inhiative offers landership of managarani Karining up to 40 mayors from around his world, an solah efficies from mach mayor's cily who are mast struc'at to a organizational changa. Oyar the cerusa of a yorf, this program or the program of the cerusal of a yorf, the program or managarational changa. Oyar the cerusal of a yorf, this program or the cerusal or an around the cerusal of a york of the cerusal of a york of the cerusal or organizational changa.	Hooling \$ 1,539,40	( 2)
			an interpret classicom expotence with broader training and ca militing to help each pathopathor mayor and senior tendor foslo thair professional growth and advance key capabilities within the any holi	pacity.	( )
					( )
Check here [	If continued on	attached sheet			

### **Information Continued**

# F-1 Supplement

name	Jenny A. Durkan			
ENTITY NO.		·	Self Spouse	
			Domestic Partner De	
LEGAL NAME	:	POSITION	OR PERCENT OF OWNE	RSHIP
TRADE OR OF	PERATING NAME:			
ADDRESS:				
BRIEF DESCF	RIPTION OF THE BUSINESS/ORGANIZATION:			
PAYMENTS E	NTITY RECEIVED FROM GOVERNMENTAL UNIT Purpose of payments	•	Amount (actual dollars)	
PAYMENTS E	NTITY RECEIVED FROM OTHER GOVERNMENT Agency name:	AGENCIES OF \$12,000 OR MORE;	Purpose of payment (amou	int not required)
PAYMENTS E	ENTITY RECEIVED FROM BUSINESS CUSTOMER Customer name:	S OF \$12,000 OR MORE	Purpose of payment (amo	unt not required)
-	value of property is over \$24,000. List street address			
B LO	BBYING: (Continued)			
	Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (	Use Code 1-9)
			(	)
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				,
				)
C TF	OOD RAVEL EMINARS (continued)			
Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code 1-9)
9/12-9/13/2018	United Nations Foundation - Global Climate Action Summit San Francisc, CA	The Global Climate Action Summit brings lenders and people logal around the world to calebrate the extraordinary actionements of strongers, coins, comparises, twesters and citizens with respect to cartier, it was also a temptoped for deeper workwise commitments accelerated agreen from countries separate by attactors of social car put has globa on track to prevent dengerous climate change & the historic Paris Agroument.	airs. \$ 030.20	(1)
10/27-10/29/2018	Aspen Missisto American Cities Initiative - Detroit CityLob	A patherably believen Blocuberg Philaubingtos, the Aspen Intel Allande Cityl ab is the provincent meeting of any fraders and to, orbasism and explanating, accommiss, education, at, architecture rector inserting, and members depending development, and harboes controlled to goal of creating scalable solutions to major challenges faced beyorywher.	minus is without or a public of with	(2)